

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000087273

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** K & K HOME HEALTH CARE INC

**Current Principal Place of Business:**

4605 E 9 CT  
HIALEAH, FL 33013 US

**New Principal Place of Business:**

8787 NW 139 TERR  
MIAMI, FL 33018 US

**Current Mailing Address:**

4605 E 9 CT  
HIALEAH, FL 33013 US

**New Mailing Address:**

8787 NW 139 TERR  
MIAMI, FL 33018 US

**FEI Number:** 27-1167450

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GONZALEZ, ARTURO  
4605 EAST 9 CT  
HIALEAH, FL 33013 US

**Name and Address of New Registered Agent:**

GONZALEZ, ARTURO  
8787 NW 139 TERR  
MIAMI, FL 33018 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

04/27/2011

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GONZALEZ, ARTURO  
Address: 8787 NW 139 TERR  
City-St-Zip: MIAMI, FL 33018 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ARTURO GONZALEZ

P

04/27/2011

Electronic Signature of Signing Officer or Director

Date